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WATER WELL REPORT
STATE OF WASHINGTON

Start Card No.

W153902
AHB 760(1) OWNER Name **ROLLING HILLS WATER ASSOC** Address **1126 N. SIDNEY OAK HARBOR, WA 98277-**(2) LOCATION OF WELL: County **ISLAND**

- NW 1/4 SE 1/4 Sec 20 T 32 N, R 1E WM

(2a) STREET ADDRESS OF WELL (or nearest address) **1126 N. SIDNEY**(3) PROPOSED USE: **DOMESTIC**

(10) WELL LOG

(4) TYPE OF WORK: Owner's Number of well
(If more than one)

Formation Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change in formation.

NEW WELLMethod **ROTARY**(5) DIMENSIONS. Diameter of well **6** inches
Drilled **180** ft. Depth of completed well **178** ft.

MATERIAL

TOPSOIL BROWN SILT SILT & CLAY

FROM

TO

YELLOW CLAY

0

3

YELLOW CLAY SILT & GRAVEL

3

15

BROWN CLAY SAND & GRAVEL

15

42

BROWN GRAVEL SAND & WOOD

42

62

GRAY CLAY SILT & GRAVEL & WOOD

62

64

BROWN CLAY

64

68

TAN SAND

68

73

GRAY CLAY BROWN CLAY LENSES

73

88

GRAY CLAY SAND

88

92

TAN CLAY SAND & WOOD

92

95

BROWN FINE SAND & SILT

95

99

& WATER

99

123

GRAY CLAY

99

123

GRAY COARSE SAND

123

125

WOOD CLAY & SILT

125

150

GRAY SAND & WOOD & WATER

125

150

GRAY SAND GRAVEL WOOD

150

166

& WATER

166

172

GRAY SAND GRAVEL WOOD

166

172

& WATER

172

178

SAND BROWN CLAY & WOOD

172

178

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FISCAL & BUDGET

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Well site meets all sighting criteria under I.C.C. 8.09 based on information supplied by the owner or owner's authorized representative.

Work started **03/20/03**Completed **03/22/03**(7) PUMP Manufacturer's Name **GRUNDFOS**
Type **SUBMERSIBLE** H P **10HP**(8) WATER LEVELS. Land-surface elevation
above mean sea level .. ft
Static level **114.0** ft below top of well Date **10/28/03**
Artesian Pressure lbs per square inch Date
Artesian water controlled by

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? **YES** If yes, by whom? **HAYES DRILLING**Yield: **79.9** gal./min with **30.02** ft drawdown after **24** hrs

Recovery data

Time Water Level Time Water Level Time Water Level

Date of test

Bailer test **10** gal/min **8** ft drawdown after **1** hrs.

Air test gal/min. w/ stem set at ft for hrs

Artesian flow g p.m Date

Temperature of water Was a chemical analysis made? **NO**

WELL CONSTRUCTOR CERTIFICATION

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief

NAME **HAYES DRILLING, INC.**

(Person, firm, or corporation) (Type or print)

ADDRESS **5696 ERSHIG RD. BOW, WA**[SIGNED] M. McAdam License No. **2566**

Contractor's

Registration No **HAYESDI106J5**Date **01/14/04**

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WELL DRILLING UNIT